



GRI REFERRAL FORM

Referral Type: Listing Buyer

Receiving Referral Office

To: _____
Firm Name: _____
Address: _____
City/State/Zip _____
Business Phone: () _____
Home Phone: () _____
Fax Number: () _____
E-mail Address: _____

Sending Referral Office

From: _____
Firm Name: _____
Address: _____
City/State/Zip _____
Business Phone: () _____
Home Phone: () _____
Fax Number: () _____
E-mail Address: _____

Client's Information

Client's Name: _____
Address: _____
City/State/Zip: _____
Phone: () _____
E-mail Address: _____
When to Contact: _____
Property to be Listed: _____

Home Address: _____
Home City/State/Zip: _____
Home Phone: () _____
Business Phone: () _____
E-mail Address: _____
Fax #: () _____
Preferred Location: _____
Size and Type of Home Desired: _____
Number of People in Family: _____
Adults: _____

Children: _____ Ages: _____

New Employer: _____
Address: _____
City/State/Zip: _____
Position and Approximate Salary: _____

Price Range: _____
Must Home be Sold First? _____
Amount of Cash Available for Purchase: _____
Contact Buyer at: _____
Expected Arrival Date _____ Moving Date _____
Comments _____

GRI'S ACCEPTANCE OF REFERRAL

Buyer's Signature _____
Prospect: _____
Date contacted: _____

Comments: _____
Date: _____
Broker's Signature: _____
Sales Associate's Signature: _____

We accept this referral, and when sale is consummated, we agree to send _____%. I will enclose details of sale with check

Date of first appointment: _____
Sales Associate: _____
Firm: _____
Address: _____
City/State/Zip: _____

Please photocopy for additional forms.